TR	ANSMITTA	AL OF INFORMA (Under 37 CFI	Docket No. 0252.00004							
In Re Application Of: Steven Streatfield Gill										
Apr	olication No.	Filing Date	Examiner	Customer No.	Group Art Unit	Confirmation No.				
1	0/507,360	01-28-2005	POUS, Natalie R.	48924	3731	5703				
Title:	STEREOGE	JIDE FOR CLAMPI	NG NEUROLOGICAL INSTRU	MENTS						
			Address to: Commissioner for Patent P.O. Box 1450 Alexandria, VA 22313-145							
1.	The Information Disclosure Statement submitted herewith is being filed within three months of the filing of a national application other than a continued prosecution application under 37 CFR 1.53(d); within three months of the date of entry of the national stage as set forth in 37 CFR 1.491 in an international application; before the mailing of a first Office Action on the merits, or before the mailing of a first Office Action after the filing of a request for continued examination under 37 CFR 1.114.									
2. 🗵	CFR 1.97(Final Action	37 CFR 1.97(c) The Information Disclosure Statement submitted herewith is being filed after the period specified in 37 CFR 1.97(b), provided that the Information Disclosure Statement is filed before the mailing date of a Final Action under 37 CFR 1.113, a Notice of Allowance under 37 CFR 1.311, or an Action that otherwise closes prosecution in the application, and is accompanied by one of:								
	☐ the	statement specified in	n 37 CFR 1.97(e);							
										
	⊠ the f	fee set forth in 37 CF	R 1.17(p).							

TRANSMITTA	AL OF INFORMA (Under 37 CFI	Docket No. 0252.00004								
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10/507,360	01-28-2005	POUS, Natalie R.		48924	3731	5703				
	UIDE FOR CLAMPII	Payme	ent of Fee		CFR 1.17(p))					
(Only complete if Applicant elects to pay the fee set forth in 37 CFR 1.17(p)) ☐ A check in the amount of is attached. ☐ The Director is hereby authorized to charge and credit Deposit Account No. 11-1449 ☐ as described below. ☐ Charge the amount of \$180.00 ☐ Credit any overpayment. ☐ Charge any additional fee required. ☐ Payment by credit card. Form PTO-2038 is attached. ☐ WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.										
I certify that this account is bein Patent and Trad (Date)	ate of Transmission by a document and authorizating facsimile transmitted the state of the state	tion to charge deposit to the United States	I hereby c with the Ui as first "Commissi 22313-145	certify that this con nited States Posta class mail in ioner for Patents, io" [37 CFR 1.8(a)] 9-04-2007 (Date) Signature of Pers	ling by First Class respondence is belial Service with suffice an envelope ad P.O. Box 1450, Ale Jon son Malling Correspondie Herty of Person Mailing Ce	ng deposited cient postage ddressed to exandria, VA				
*This certifice deposit according to the control of the certification of	US Signature	if paying by	Dated: 5	September 4, 20	07					